

A.I.D. EVALUATION SUMMARY - PART I

PD-ABL-617

1. BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS.
2. USE LETTER QUALITY TYPE, NOT "DOT MATRIX" TYPE.

IDENTIFICATION DATA

A. Reporting A.I.D. Unit: Mission or AID/W Office <u>USAID/Manila</u> (ES# _____)		B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan? Yes <input checked="" type="checkbox"/> Slipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY <u>95</u> Q <u>2</u>		C. Evaluation Timing Interim <input checked="" type="checkbox"/> Final <input type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/>	
D. Activity or Activities Evaluated (List the following information for project(s) or program(s) evaluated; If not applicable, list title and date of the evaluation report.)					
Project No.	Project /Program Title	First PROAG or Equivalent (FY)	Most Recent PACD (Mo/Yr)	Planned LOP Cost (000)	Amount Obligated to Date (000)
492-0473	AIDS Surveillance and Education Project (ASEP)	1992	9/97	\$10,000	\$7,500

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director	Name of Officer Responsible for Action	Date Action to be Completed
Action(s) Required		
1. Given the low levels of HIV prevalence in the Philippines, the number of geographic sites for HIV sentinel Surveillance need not be increased until HIV prevalence increases to at least 2-3% in at least one or more high risk group(s) in one or more sites.	DOH/USAID/WHO	Continuing
2. Develop alternative methods to increase the number of intravenous drug users (IDUs) and male high risk-groups for HIV and behavioral surveillance.	DOH/WHO	1995
3. Develop standard questions for the routine collection of behavioral data and implement a behavioral sentinel surveillance to evaluate the overall effectiveness of the ASEP educational activities.	DOH	1995
4. Continue to collect syphilis prevalence data for STD surveillance.	DOH	1995
5. Reassess the three-tiered approach to subproject management and coordination among the lead NGO (PATH), its partner NGOs, and implementing NGOs to ensure that roles and responsibilities are more clearly understood.	DOH/USAID (PATH)	1995
6. Develop a coordinated plan for HIV/AIDS, mass media, public relations, and IEC activities toward high risk "groups".	DOH/USAID (PATH)/JHU-PCS/SOMARC	1995

(Attach extra sheet if necessary)

APPROVALS

F. Date Of Mission Or AID/W Office Review Of Evaluation:				
(Month)		(Day)		(Year)
G. Approvals of Evaluation Summary And Action Decisions:				
Name (Typed)	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
	C. Manaloto	C. Reodica	Fatima Verzosa	Mk. G. Schofield
Signature	<i>C. Manaloto</i>	<i>C. Reodica</i>	<i>Fatima Verzosa</i>	<i>Mk. G. Schofield</i>
Date	16 June 95		6/27/95	6/28/95

ABSTRACT

H. Evaluation Abstract (Do not exceed the space provided)

The AIDS Surveillance and Education Project (ASEP) aims to establish institutional mechanisms in the public and private sectors which can monitor the prevalence and transmission of HIV infection and encourage behavior which reduce HIV transmission. The project is being implemented by the Government of the Philippines (GOP) Department of Health (DOH). This mid-term evaluation (2/95) examined the development of the sentinel surveillance system and the progress of the NGO community-based programs. This evaluation was conducted by a four-person team on the basis of a review of project documents and other research reports, interviews with representatives of ASEP implementing agencies, and visits to four HIV education and surveillance sites. The major findings and conclusions are:

- * This well-conceived, timely and solid project, has achieved adequate progress towards attaining its objectives.
- * Progress has been good in conducting three rounds of HIV sentinel surveillance systems among six target groups in six geographic sites; data on risk behavior were collected in all three rounds and serologic testing for syphilis was added in the third round; report of findings has been prepared and distributed.
- * ASEP has active projects through local non-governmental organizations (NGOs) in cities of Pasay, Quezon, Cebu, Angeles and Davao. Communication strategies are being utilized and outreach approaches are being implemented among groups at high risk for HIV infection.
- * Given the low levels of HIV prevalence in the Philippines, there is no present need to expand project activities to an increased number of risk groups or to increase the current number of geographic sites for HIV sentinel surveillance.
- * Coordination of ASEP mass media activities is needed to avoid duplication of target audiences and message content. A coordinated plan for HIV/AIDS IEC activities targeting high risk groups needs to be developed.

The evaluators noted the following overall "lesson" learned:

- * The Philippines AIDS prevention control program has the potential to become the model for a low-prevalence country. However, this will require institutionalization of recent accomplishments by the DOH AIDS unit and local government units as well as the administrative responsibilities of the NGO grantees.

COSTS

1. Evaluation Costs

1. Evaluation Team		Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. \$)	Source of Funds
Name	Affiliation			
1. Tony Bennett	AIDSCAP/Bangkok	2/5-28		AIDSCAP
2. Dr. James Chin	U. C. Berkeley	2/5-28	\$12,555.00	ASEP
3. Dr. Victor Ortega	Philippine Senate	2/6-28	\$ 2,912.42	ASEP
4. Ms. Anne Scott	AID/Washington	2/5-28		AID/W-AAAS Fellowship Travel Fund
			\$ 4,000.00	Manila Missi

2. Mission/Office Professional Staff

Person-Days (Estimate) 16

3. Borrower/Grantee Professional

Staff Person-Days (Estimate) 50

A.I.D. EVALUATION SUMMARY - PART II

S U M M A R Y

J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided)

Address the following items:

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| <ul style="list-style-type: none"> • Purpose of evaluation and methodology used • Purpose of activity(ies) evaluated • Findings and conclusions (relate to questions) | <ul style="list-style-type: none"> • Principal recommendations • Lessons learned |
|--|--|

Mission or Office:

USAID/Manila

Date This Summary Prepared:

April 1995

Title And Date Of Full Evaluation Report:

AIDS Surveillance and Education
Project Mid-term eValuation, February, 1995

The USAID/Manila AIDS Surveillance and Education Project (ASEP) is a five-year \$10 million project being implemented by the Government of the Philippines (GOP) Department of Health (DOH) to control HIV transmission within the Philippine population by institutionalizing public and private sector mechanisms for monitoring HIV prevalence, and encouraging behavior which reduce individual risk for contracting or transmitting HIV. The ASEP midterm evaluation was conducted on February 6-28, 1995 by a four person team composed of an epidemiologist/surveillance analyst; an information, education and communication specialist; and two public health technical advisors. The evaluation team was asked to recommend actions for improving the effectiveness and sustainability of the project, and to determine whether the surveillance system needs to be expanded further.

The team interviewed representatives of ASEP implementing agencies and reviewed project documents and other relevant research reports. In addition, the team made site visits to observe the implementation of IEC and surveillance activities in Quezon City, Pasay City, Angeles City, and Cebu City. USAID/Manila provided the team with a detailed scope of work (SOW) containing priority questions about ASEP education and surveillance activities, ASEP organization and management, donor assistance for HIV/AIDS programming, and the National AIDS Prevention and Control Program (NAPCP).

Findings:

Human immunodeficiency virus (HIV) infection prevalence remains less than 1% in all of the high risk "groups" included in the three HIV Sentinel Surveillance (HSS) rounds supported by ASEP.

As of 1995, given the current low prevalence of HIV detected, the initial target of 30 geographic HIV sentinel sites (HSS) by the end of the project is not needed at this stage of the epidemic but the current number of six sites may need to be doubled as HIV prevalence increases. The HIV risk "groups" selected for HSS remain the most appropriate target groups for public health surveillance in the Philippines.

The requisite sample size of about 300 has been attained for registered female commercial sex workers (FCSWs) at almost all of the HSS sites. However, the sample sizes of most of the other high risk "groups", especially high risk male "groups", are less than the requisite 300.

Relatively high seropositive rates for syphilis (5-12%) were found in many of the risk "groups". The highest rates were generally found among the freelance FCSWs, but a very high rate (close to 10%) was found among registered FCSWs in Angeles City.

Among the FCSWs, reported condom use is increasing. The highest reported rates are seen in registered sex workers. Much lower, but rising, rates are seen in the freelance sex worker "groups". In contrast, reported condom use in the male risk "groups" has remained very low.

ASEP implementation uses a three-tier approach that involves extensive coordination among the lead Non-governmental Organization (NGO) Program for Appropriate Technology in Health (PATH), its Partner NGOs, and Implementing NGOs. This approach may potentially cause confusion among the partners if roles and responsibilities are not clearly defined and mutually agreed upon.

According to its scope of work, John Hopkins University/Population Communication Services (JHU/PCS) is required to develop a 12-month strategy and a 5-year plan. The team saw no evidence of these deliverables, even though they should be in place well before mass media activities begin in May, 1995.

A variety of brands of condoms are widely available, accessible, affordable and of good quality. Although impressive increases in condom use have been observed for some sentinel groups, consistent condom use remains dangerously low for free-lance CSWs, men who have casual sex with other men and male and female Intravenous Drug Users (IDUs).

There are uncertainties regarding the respective roles and responsibilities of National AIDS Prevention and Control Program for the Philippines (NAPCP) and ASEP implementing agencies.

The Philippine Department of Health (DOH), having devolved functions to Local Government Units (LGUs), has had to relinquish control over the allocation of funds for health at the local level. Because of budget constraints and more immediate priorities, LGUs generally have limited funds available for health spending.

Recommendations:

The initial target of 30 geographic HSS sites by the end-of-project (EOP) is not practical or needed at this stage of the HIV/AIDS epidemic, but the current number of six sites may need to be doubled as HIV prevalence increases.

As Social Hygiene clinics (SHCs) do not appear to be able to obtain adequate numbers of blood samples for many of the sentinel groups, alternative methods and time frames for collecting blood specimens from risk "groups" should be developed.

A surveillance tool for establishing baseline data on risk behavior should be developed. In coordination with the AIDS/Sexually transmitted diseases (STD) Unit, Field Epidemiology Training Program (FETP), PATH, and major NGOs should collectively decide what behavioral data are needed.

ASEP should not develop a comprehensive STD surveillance system at this time. However, blood samples collected for HSS should continue to be routinely tested for syphilis.

The DOH should develop resources to assure that HSS will not be discontinued in some geographic sites because of inadequate LGU support.

PATH needs to ensure that roles and responsibilities of each of the three tiers of project management are more clearly understood and acceptable to all partners.

All of the highest risk populations in the project sites should be targeted for interpersonal outreach, multimedia exposure, condom access, and referral for STD diagnosis and treatment.

JHU/PCS needs to adhere more closely to its scope of work and produce a 12-month plan and evaluation strategy that can be shared with other implementing partners of ASEP.

Increased coordination of ASEP mass media activities is needed to avoid duplication of target audiences and message content.

Results from behavioral surveillance in project sites should be used for overall project assessment, rather than for evaluating sub-grantee performance.

As appropriate models and strategies for improving public and private sector STD treatment and management in the Philippines are developed, USAID/Manila should consider providing assistance in this area, in coordination with other donors.

The AIDS/STD Unit must be institutionalized as a permanent service in the DOH. The specific roles and responsibilities of those involved in implementing the NAPCP must be redefined and clearly communicated.

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ACTIONS		
E. Action Decisions Approved by Mission or AID/W Office Director (Continuation)		
7. Revitalize the ASEP Education Sub-committee for coordination of ASEP communication activities.	DOH	1995
8. JHU-PCS should develop a 12-month strategy and a 5-year plan before media activities begin in May, 1995.	JHU-PCS	done ¹¹
9. Continue and refine its focus on high risk "groups" by prioritizing target populations and allocating resources accordingly.	DOH/USAID (PATH)	Continuing
10. The ASEP Education Strategy and the Philippine National AIDS/STD Communication Strategy should gradually be merged into a single strategy document in coordination with the development of a national strategy guidelines.	DOH/USAID (PATH/JHU-PCS)	1996
11. Institutionalize the AIDS Unit as a service in the DOH in order to sustain its ability to carry out its functions even beyond the end of project implementation.	DOH	1996
12. Develop local government unit (LGU) and non-governmental organization (NGO) partnership in HIV/AIDS prevention and control.	DOH/LGUs/ USAID (PATH)	1996

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S U M M A R Y (Continued)

The development of local level public and private sector partnerships must be supported. Relevant experience gained in Angeles City and Cebu City could serve as a model for other LGUs.

Lessons Learned:

The evaluation sees the Philippines AIDS prevention program has the potential to become the model for a low-prevalence country. However, this will require institutionalization of recent accomplishments by the DOH AIDS Unit, the administrative responsibilities of NGO grantees and by the local government units.

ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

COMMENTS

L. Comments By Mission, AID/W Office and Borrower/Grantee On Full Report